If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Request for Reinstatement

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Select Class: (Check one)	Date:	04/14/2021
■ E (HHG) - Household Goods		
☐ E (HAZ) - Hazardous Material		
IMPORTANT! If application is to amend scope of authority, before application will be accepted. If application is for a NEW		-
Check one:		
New Application		
☐ Amended Scope of Authority		
Current Scope:		
(list counties) Amended Scope:		
(list counties)		_
1. Sullivan Junk and Moving, LLC d/b/a	College Hunks i	Moving
Name under which business is to be conducted (corporation,	partnership, or sole	proprietorship, with or without trade name.)
907 Calhoun Street, 0	Columbia S.C. 2	9201
Street Address	ss of Applicant	
Mailing Address of Applicant	(if different from s	treet address)
803 269 8151		
Phone	-	FAX
wsullivan1211	@gmail.com	
Fmail	Address	<u> </u>

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3.	Select Entity Type: (Check of	·
	☐ Individual Owner/Sole P	and address of all persons having an interest in the business.
	-	and addresses of two principal officers. ny - List names and address of two principal officers.
	William Sullivan, 6415 Ea	stshore Rd., Columbia S.C. 29206
	gr. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
4	. Is applicant certified to pro	vide intrastate transportation of household goods in another state: (Check one.) No
	If yes, attach a letter from the regulations of said state age	he regulatory agency in the state(s) stating applicant is in compliance with the rules and ency.
5.		ed of operating with no intrastate household goods authority or failure to abide pertaining to the intrastate transportation of household goods in this state or any
	O Yes	No
	If yes, list dates and nature	of convictions below.
	- No. Account	
6.	Has applicant ever had a cer any other state? (Check one.	tificate authorizing the transportation of household goods revoked in this state or
	O Yes	No
	If yes, list dates and natur	e of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		<u>Liabilities:</u>	
Value of Real Estate	\$ 0	Mortgage/Loan on Real Estate	\$ 0
Value of Motor Vehicles	\$ 0	Loans Owed on Motor Vehicles	\$ 0
Cash on Hand	\$ 0	Business/Other Loans Owed	\$ 0
Cash in Bank	\$ 100,000	Other Liabilities or Debts	\$ 0
Value of Other Assets and Equipment	\$ 0	Total Liabilities	\$ 0.00
Total Assets	\$ 100,000		

INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Rates with truck

Mo	onday - Thursday	Friday - Su	nday	
2 movers	\$105/hour	\$120/hou	r	
3 movers	\$135/hour	\$150/ho	ır	
COMM	ODITIES TO BE T	RANSPORTED A	ND AREA(S) TO	BE SERVED
	be Transported: (Check or			
Househole	d Goods, as defined in R1	03-210(1)		
☐ Hazardou	s Wastes, as defined in R1	103-210(2)		
	e of Authority: Check all or allowed to operate in tho			
	intend to operate in all cou			
Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
	-		
		V	
, <u>"</u>			
	-	-	4
	<u> </u>	_	

INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Sullivan Junk and Moving, LLC d/b/a College Hunks Moving

Name of Applicant

907 Calhoun Street, Columbia S.C. 29201

Address of Applicant

\$1,000,000

Amount of Premium: Limits Quoted: (See Below)

Liability Insurance \$ _____ Limits

1,500 \$50,000 Limits

* Attach Certificate of Insurance if available.

Cargo Insurance

Progressive Insurance

Name of Insurance Company

P.O. Box 89490, Cleveland, OH 44101-6490 through Marsh & McLennan Agency | Southeast Region 300 West 10th Street, West Point, GA, 31833

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 5	500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 7	750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$	2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$	5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state. sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

Sullivan Junk and Moving, LLC d/b/a College Hunks Moving

							Name			
										· ·
1.	Do	es App	olicant have a	Safety I	Rating	from the U.S	.D.O.	T.?		
	0	Yes		•	No		0	Pending		(Submit when received.)
		If Y	es, indicate ra	ating be	low ar	nd provide cop	oy.			
		0	Satisfactory		0	Conditional		O U	Jnsa	atisfactory
2.			of Applicant's welve (12) mo		or ve	hicles been pl	laced	"out of ser	rvio	ce" by Transport Police safety officers in
	0	Yes		•	No					
3.		there Yes	currently any		ding ju No	udgment(s) ag	gainst	the Applic	can	t?
	If'	'Yes",	list judgement	's here:						
										
4.	law	s that		e motor	carrie	r operations i				y regulations and workers' compensation and does Applicant agree to operate
	0	Yes		O 3	No					
5.										he insurance premium costs associated g current insurance premiums.)
	•	Yes		0 1	No					

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

•	
Please check the applicable box:	
through the Commission's eService System. The A	ion orders related to the Applicant's authority in South Carolina pplicant authorizes the Commission to serve its orders by using the e-cation. To sign up for eService notifications, please visit www.psc.sc.
The Applicant DOES NOT AGREE to receive futur Carolina through the Commission's eService System	re Commission orders related to the Applicant's authority in South 1.
The Applicant believes that there is a need for its o	company's services in the proposed service area.
The Applicant understands that this completed Applearing purposes.	plication serves as prefiled testimony for the Applicant for
The Applicant for the Certificate of Public Conver affirm that all statements contained in the above approximately	nience and Necessity as set forth in the foregoing, swear or opplication are true and correct.
	Applicant's Signature
	Title of Applicant (e.g. President, Owner, etc.)
STATE OF SOUTH CAROLINA)	
COUNTY OF	
SWORN TO BEFORE ME This, 20, 20	
Notary Public	

Commission Expires

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

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Sullivan Junk and Moving, LLC d/b/a College Hunks Moving
Applicant's Name
Safety Certification
If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:
Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:
 Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).
Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of compliance review audit, is found not to be in compliance, may have its certificate revoked.
PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:
Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:
Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines. PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:
Yes
I,
SWORN TO BEFORE ME
This day of, 20 Applicant's Signature
Notary Public
INOTAL Y I HUILC

Commission Expires

BEFORE

THE PUBLIC SERVICE COMMISSION OF

SOUTH CAROLINA

DOCKET NO. 2021-_T

Application of Application of Sullivan Junk and Moving, LLC d/b/a College Hunks Moving and (Household Goods) Certificate of Public Convenience and Necessity for Operation of a Motor Vehicle Carrier

VERIFICATION

I certify that the statements made by me on pages 8 and 10 of the Application in the above captioned docket are true. I am aware that if any of the statements made by me are willfully false, I am subject to punishment by contempt.

Date:

Sullivan Junk and Moving, LLC d/b/a College Hunks Moving

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Sullivan Junk and Moving, LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 29th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 13th day of April, 2021.

Mark Hammond, Secretary of State



Marsh & McLennan Agency LLC 2601 Commons Blvd Augusta, GA 30909 706-737-8811 www.marshmma.com

April 20, 2021

William Sullivan Sullivan Junk and Moving LLC DBA College Hunks 907 Calhoun St. Columbia, SC 29201

Mr. Sullivan,

Based on the information provided at the time, the following are quotes for your business.

Commercial Automobile Insurance Coverage: \$28,418

General Liability Insurance Coverage: \$2,105

Workers Compensation Insurance Coverage: \$11,610

Cargo and Property Insurance Coverage: \$1,500

• \$1,000,000 Umbrella Liability Insurance Coverage: \$1,700

These are just estimates. Complete underwriting file will be required to get bindable quotes.

Thank you,

Michelle L. Banks

Michelle L. Banks Commercial Account Manager